

BUILDING A BETTER TOMORROW



N.O.R.M.A.L.

National Organization of Registered Martial Arts League



Dare to Be Different! Programs

City of Hagerstown Department of Police

Anti-Gang Initiative

Supported Programs

Young Eagles Martial Arts Program

Located: N.O.R.M.A.L. Inc. Center

625 West Franklin Street

Hagerstown, Maryland 21740

301-393-9070 or 301-393-0900

www.wnormalhdqt.org

They Say; What you See, Is What you will get. Challenge Camp 2011



lunch Monday. Saturday night is for relaxing (group activities).



There's cabins to sleep in with limited sleeping space (a few bunks, some couches and floor space)

Items Needed: Bring a good attitude and open mind!

What is Challenge Camp?

For the those wondering what this is about??? It's a weekend of fun! If you'd like to train outdoors, if you'd like to learn more skills, if you like campfires, and if you'd like to meet and hang out with the other like-minded summer fun junkies, then this is the weekend for you!



The set-up is any attending instructor is invited to teach a session on whatever they would like (usually something they specialize in or that is unique to their art). Past sessions have included Kickboxing, First Aide Certification, Rape Escape, Martial Weaponry, Breaking, Hap Ki Do, Tae Kwon Do, Shotokan, Kung Fu, Physical Fitness Challenge, Grandmaster Eric Lee Fight Choreography, Team demonstrations techniques, and

long & short stick-fighting exercises.

Sessions last from 30 min to 1hr, de-



pending on the topic. We train all day Saturday until late afternoon (with light lunch, snack and water breaks), Morning Prayer, train Sunday morn-



ing, and usually head home after a late



Our goal isn't to change your style, but to give you something to add to your training.



Bring paper and pencil to take notes and your camera to capture the memories and the local bears. All participants should bring their uniform and belt, sweat pants, running shoes and other workout clothing for the weekend.

N.O.R.M.A.L.

The National Organization of Registered Martial Arts League



The National Organization of Registered Martial Arts League is headed to the hills of Western Maryland for a tenth year of the N.O.R.M.A.L. Challenge Camp. Master Garry Holman and the staff will host this camp.

Master Garry Holman will hand select the staff and other instructors for camp to be on hand to share their knowledge. We will plan for four fun filled recrea-

tional/educational days of camp activities along with some of the best instruction available in the United States.

All martial artist and non-martial artist as well as family members are invited to join. Master Holman recommend that all the campers be at least 7 years old and have been away from home prior to this camp. Parents are encouraged to attend and to participate in the weekend of activities



Camp Care Package

Five Different Care Packages

- *Movie Care Pack*
- *Camp Fun Box #1*
- *Camp Fun Box #2*
- *Camp Fun Box #3*
- *Camp Fun Box #4*
- *Camp Fun Box #5*

Each care package is loaded with goodies for the weekend.

2011 Camp Activities:

CPR Training
Rape Escape
Dance For Your Health
Challenge Course
Scavenger Hunt
Fishing Derby
4K Run
Archery
Leadership Training
Camp Fire
Swimming
Canoeing
Star Gazing
Arts & Crafts
Team Challenges
Creative Writings
Ask The Masters
Camp Trivia
and more!!!

Martial Arts Programs:

Breaking
Bo Staff Seminar
Escrimna Seminar
Self Defense
Kickboxing
Basic Hap Ki Do
Tae Kwon Do
Shotokan
Tang So Do
Basic Kumdo
Chambara
Point Sparring
and more!!!



1-866-457-1717
**CREATIVE ARTS
PARTY SUPPLIES**
www.kicknscrap.net

N.O.R.M.A.L.

The National Organization of Registered Martial Arts League



Vision Statement

Youth,
Their Families
and
Community,
One Day,
One Child,
One Community
at a time.



Mission Statement

To provide a range of programs that utilize the community resources and the principles of martial arts to reach the youth, their families, to help strengthen the families, create a self sustaining household and community.



NORMAL Inc. outreach programs will support the youth and their families in their personal and professional development.

NORMAL Inc. will enhance opportunities for the youth, their families and the community by providing outreach programs and resources to maintain strong family and a community that is safe, self sustaining, supportive compassionate, and encouraging for all.

These year round outreach programs offered will be maintained exclusively for the charitable and educational purposes of serving the youth and their families.



**Dare
To Be**

Different

AUGUST 12-15, 2011

SWANTON

MARYLAND

www.wnormalhdqt.org

301-393-0900

info@wnormalhdqt.org

N.O.R.M.A.L CHALLENGE CAMP REGISTRATION FORM

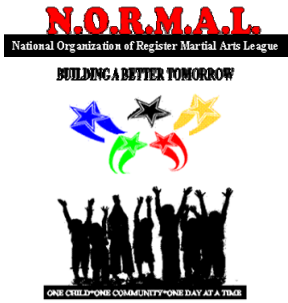
Name	Age	(M) (F)
Address		
City	State/Zip	
Telephone	E mail	
Style	Rank	
Instructor		
School		
Address		
Telephone	Email	

NO REFUNDS	Adult	Children
Pre- Register by 2/25/11	\$300.00	\$275.00
Pre- Register by 3/25/11	\$325.00	\$300.00
Pre- Register by 4/25/11	\$350.00	\$325.00
Pre- Register by 5/25/11	\$375.00	\$350.00
Pre- Register by 6/25/11	\$400.00	\$375.00
Deadline 7/25/11	\$425.00	\$400.00
2011 Camp T-Shirt \$15.00	FREE	FREE
2011 Camp Sweat Shirt \$30.00	\$30.00	\$30.00
2011 Hooded Sweat Shirt \$35.00	\$35.00	\$35.00

T-Shirt & Sweat Shirt Size							Sub-Total	
Youth	SM	MED	LG	XL	XX	XXX	Tax	
Adult	SM	MED	LG	XL	XX	XXX	Total	

	METHOD OF PAYMENT
Check #	
Master Card#	Exp. date
Visa Card#	Exp. date
Discover Card#	Exp. date
American Express#	Exp. date
Name On Card:	
Address	
City	State Zip
Telephone	E mail

PLEASE SUBMIT A SEPRATE FORM FOR EACH PARTICPANT.
 To: NORMAL INC.
 625 West Franklin Street
 Hagerstown, MD 21740
 Camp Package will be mail upon receipt of registration form and payment.



Enrollment & Waiver Form

Name: _____ Age: _____ D.O.B. _____ Sex: _____

Address: _____ City: _____ State: _____ Zip _____

Telephone (H) _____ (W) _____ (Cell) _____

Emergency Contact _____ Telephone _____

EMERGENCY AUTHORIZATION: I the undersigned participant, parent or legal guardian, hereby authorize the instructors or Emergency Contact listed above to act as my agents and consent to medical, examinations and/or treatment if deemed necessary.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned participant; parent or legal guardian for myself or minor child, our heirs, assigns and the next of kin, acknowledge that participation in NORMAL INC. PROGRAMS necessarily involve travel to workouts, contest in adverse conditions, contact with considerable force, and risk of severe, permanent physical injuries including bruises, scrapes, strained or torn muscles, tendons or ligaments, broken bones, dislocations of joints, concussions, brain damage, nerve and spinal cord injury, paralysis and death. For myself and on behalf of our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk. For myself and on behalf I/we further acknowledge that NORMAL INC Programs are primarily coached by certified instructors, coaches, and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation. In consideration of accepting my enrollment in NORMAL INC Programs, I the undersigned do hereby for myself, my heirs, executors and administrators waive and release and forever discharge claims against NORMAL INC Programs and administrators for connection or returning from such endeavors.

ACKNOWLEDGE AND CONSENT: I acknowledge that NORMAL INC Programs may use and compile photographs of the individual named above. I consent to such uses and waive all rights to compensation.

Client/Student Signature: _____ Date _____

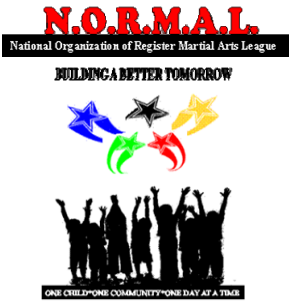
IF UNDER 18 YEARS OF AGE PARENT OR GUARDIAN MUST SIGN BELOW

APPROVAL AND ACCEPTANCE BY PARENT OR LEGAL GUARDIAN

The undersigned parents or legal guardians of the above-mentioned client/student have read this agreement and understand its terms, conditions and provisions and agree to be bound by the same. Furthermore, the undersigned acknowledge that they absolutely guarantee performance of the client/students promise under the enrollment agreement or contracts entered into with NORMAL INC and that the undersigned agrees to indemnify NORMAL INC from any loss the client/student might suffer of any injury to the student.

Parent/Legal Guardian Signature _____ Date _____

Relationship to client/student _____



Medical Waiver Form

Camper Name: _____ Birth Date: _____ Age: _____ Sex: F M
 Address: _____
 City: _____ State: _____ Zip Code: _____

Fathers Name: _____ Phone # _____
 Mothers Name: _____ Phone # _____
 If parents are divorced, custodial parent: _____

In case of an emergency and parents cannot be contacted, please call:
 Relative – Name: _____ Phone # _____
 Neighbor – Name: _____ Phone # _____
 (One of these individuals should be available to pick up your child if necessary)

Health Information:
 Insurance Policy: _____ Policy # _____ Group #: _____
 Doctor's Name: _____ Phone # _____

Is the camper allergic to any drugs? Yes No Please Specify: _____
 Does the camper have any allergies? Yes No Please Specify: _____
 Date of last tetanus booster: _____
 Is the camper currently on medications that will be necessary to continue during camp? Yes No
 Please Specify? _____
 May child be given Motrin/Tylenol, Benadryl, cough syrup, or spray as needed? Yes No

Circle any of the following which have been a health problem and explain:
 Frequent colds, sore throat, or ear aches fainting heart, kidney, or lung trouble
 Diabetes tuberculosis bed wetting, sleepwalking asthma

Non-prescription and prescription medicine must be turned into the camp nurse, with the exception of inhalers and bee-sting kits, please label all medications.

Behavioral Concerns: _____
 Activity Restrictions: _____
 Please specify any health issues concerning the camper, not listed above, that would be helpful for us to know.

MEDIA RELEASE: By signing this form, I release and waive any and all claims' arising out of the use, by N.O.R.M.A.L. Inc. and its authorized designee, of my child's likeness and/or voice, on film, promotional literature, feature film and/or other program picture, which may be exhibited or broadcast on television, radio, or in motion picture theaters, schools, or other educational institutions.
 Parent Signature (camper if 18 or older): _____ Date: _____

IN CASE OF INJURY OR ILLNESS, "I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor. I understand every effort will be made to notify parents or guardian of camper. I acknowledge that I have read this form completely and understand the camp's policies."
 Parent signature (camper if 18 or older)" _____ Date: _____